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MONTANA HEALTH CARE AUTHORITY

WORK PLAN

1993 - 1995

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MONTANA HEALTH CARE AUTHORITY
WORK PLAN -- 1993-1995

1. INTRODUCTION

The purpose of this work plan is to develop a road map for the Montana Health Care Authority as it undertakes the various duties and responsibilities assigned to it by Senate Bill 285. As such, it strives to be comprehensive and fairly detailed. It is not, however, intended to be exhaustive. It is expected that additional, more detailed task-specific work plans will be required for certain task areas described in this plan. These will be developed as needed.

It is also worth noting that while the Authority has been given responsibility for carrying out a large number of initial planning and cost containment activities pursuant to health care reform in Montana, its enabling legislation envisions the organization as being a permanent one with far-reaching responsibilities for managing the health care delivery system to achieve those policy goals listed below. Thus, a number of the tasks described in this plan are directed at achieving these long-term goals.

Finally, it goes without saying that the job before the Authority is very diverse and complex and contains very ambitious deadlines. This work planning process is intended to provide the organization with a solid start. Flexibility, however, is the handmaiden of effective planning and it is hoped that the Authority members will not hesitate to modify the plan should the need arise.

2. BACKGROUND

The Montana Health Care Authority was established by Senate Bill 285, which was enacted by the 1993 legislature. Funding for the program for the 1993-95 biennium was contained in House Bill 145, which appropriated $1,500,000 for the operations of the Authority and an additional $342,202 to the State Auditor for carrying out the insurance reform provisions of SB 285. The Authority is attached to the Department of Health and Environmental Sciences for administrative purposes. The Authority board of directors consists of five members appointed by the Governor from nominees submitted by the House and Senate leadership, and four ex officio members representing selected state agencies. In addition, five regional health care planning boards will be established consisting of at least one member from each county in each of five planning regions. The Authority will be staffed by an executive director plus any additional staff as are deemed necessary and appropriate.

3. DUTIES AND RESPONSIBILITIES

The general duties and responsibilities of the Authority are far reaching and can be generally categorized as follows:

1. Use existing and new mechanisms to control the growth in health care expenditures in Montana.

2. Design two alternative plans to ensure that all Montanans have access to health care, one based on a single payer approach and the other based on a regulated multiple payer approach.

3. Develop a unified health care data base to improve the understanding regarding the costs and usage of health care in the state and to assist in the appropriate allocation of health care resources throughout the state.

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4. Develop mechanisms to encourage and facilitate the education of health care consumers regarding the efficient and effective use of health care resources in the state.

The Authority is faced with an ambitious timetable for completing its initial tasks. The purpose of this work plan is to provide the Authority with a road map for completing its work during the next 20 months. Accordingly, it provides a detailed description of the tasks to be completed; defines the manner in which they will be completed; establishes a timetable for their completion; and provides a detailed budget covering the Authority's operations for the 1993-95 biennium.

4. POLICY STATEMENT

SB 285 sets forth Montana's health care policy in the following manner:

> *It is the policy of the state of Montana to ensure that all residents have access to quality health care services at costs that are affordable. To achieve this policy, it is necessary to develop a health care system that is integrated and subject to the direction and oversight of a single state agency. Comprehensive health planning through the application of a statewide unified health care budget for Montana is essential.*

The Authority is to serve as the state agency primarily responsible for implementing this policy.

5. PROGRAM GOALS

The Authority is mandated to pursue the following goals:

1. Maintain and improve the quality of health care services in Montana.

2. Contain or reduce cost increases for health care services.

3. Avoid unnecessary duplication in health care facilities and services.

4. Encourage regional and local participation in decisions affecting health care delivery, financing, and provider supply.

5. Facilitate universal access to health sciences information.

6. Promote the rational allocation of health care resources.

7. Facilitate universal access to preventive and medically necessary health care.

8. Increase the emphasis of the Authority, providers, and other interested parties on educating consumers of health care services on various aspects of the health care delivery and financing system.

6. WORK TASKS

SB 285 identifies a number of tasks the Authority must complete as well as setting specific deadlines for their completion. These tasks can generally be grouped according to (1) background research; (2) universal health care access; (3) health care planning; (4) cost control; (5) public participation and education; (6) regional health planning boards; (7) intergovernmental relations; and (8) program management and administration.

Task Area #1: Background Research

Purpose. Develop a strong working understanding of health care reform trends in other states and at the national level; identify and evaluate alternative working models of health delivery systems in other states and countries; develop an updated problem statement relative to Montana's health care delivery and financing problems.

Approach. Gather and evaluate information from other states and countries on health care delivery systems and health care reform; survey and analyze information and data on Montana's situation; present information and analysis to Authority board and regional boards.

Completion Date: March 1, 1994

Work Steps:	Schedule
1. Background Research	1-21-94
• Review previous Montana studies	
• Review national level proposals	
• Review experiences of other states, including Vermont, Oregon, Washington, Minnesota, Florida	
• Prepare report summarizing above information	
• Present report to Authority and regional boards	
2. Develop Problem Statement for Montana	2-1-94
• Review and update data pertaining to health care delivery	
• Identify problems	
• Draft problem statement	
• Submit to regional boards and town meetings for review and comment	
• Finalize problem statement	

Staff Accountability: Communications Officer; Planning and Research Director

Board Liaison: Jack Molloy, Maggie Newman

Task Area #2: Universal Health Care Access

Purpose. Prepare two statewide universal access plans, one based upon a single payer approach and the other on a regulated multiple payer approach.

Approach. Both universal access designs must include the following components:

- guaranteed access for all residents
- uniform system of health care benefits
- portability of coverage
- prioritization of services
- broad-based public or private financing mechanism to fund health care services
- considerations of public funding limitations
- system capped for provider expenditures
- global budgeting for all health care spending
- controlled capital expenditures
- binding cap on overall expenditures
- policy-making mechanism for entire system
- accountability within state government
- incentives for cost containment and to direct resources
- administrative efficiencies
- appropriate use of midlevel practitioners
- mechanisms for reducing the cost of prescription drugs
- integration of benefits with IHS, VA, Medicaid, Medicare, etc.
- actuarially sound estimate of costs of implementation through 2005

These plans will be developed by Authority staff with assistance from a contractor, input from the regional boards, town meetings, and public hearings. In addition, consideration will be given to any significant health care reform developments which occur at the federal level. (This task area will be closely coordinated with work steps in task areas #3 and #4.)

Completion Date: October 1, 1994

Work Steps:		Schedule
1.	Prepare scope of work and request for proposal	10-29-93
2.	Select consultant(s)	12-1-93
3.	Select actuary	1-1-94
4.	Complete first draft of plans	5-1-94
5.	Actuarial estimate of first draft	6-1-94
6.	Review and comment on first draft plans by Authority and regional boards	6-1-94
7.	Complete second draft of plans	7-1-94
8.	Arrange for actuarial estimate of second draft	8-1-94
9.	Hold public hearings on second draft plans	7-15-94 -- 9-15-94
10.	Complete and submit final draft of plans to legislature	10-1-94
11.	Actuarial estimate of final draft	11-1-94
12.	Public education activities	10-93 -- ongoing
13.	Consideration of plans by legislature	1-95 -- 4-95

Staff Accountability: Planning and Research Director

Board Liaison: Maggie Newman, Dorothy Bradley

Task Area #3: Health Care Planning

Purpose. Prepare a statewide health care resource management plan that is linked to a unified health care budget; assume responsibility for the state comprehensive health planning process; prepare a study of Montana's long-term care needs by 1996.

Approach. Several planning tasks will be carried out under this task area, including the health care resource management plan, development of a unified health care data base, and updating the state's comprehensive health plan. The planning tasks required by SB 285 will include the following elements:

- Health Care Resource Management Plan:
  - statement of principles used in allocation of resources and in establishing priorities for health services
  - identification of current supply and distribution of:
    - hospital, nursing home, and other inpatient services
    - home health and mental health services
    - treatment services for alcohol and drug abuse
    - emergency care
    - ambulatory care services, including primary care resources
    - nutrition benefits, prenatal benefits, and maternity care
    - human resources
    - health sciences library resources and services
    - major medical equipment
    - health screening and early intervention services
  - determination of the appropriate supply and distribution of the above resources and services and of the mechanisms that will encourage the appropriate integration of these services on a local or regional basis, taking into account the following factors:
    - needs of the statewide population, w/ special consideration given to the development of health care services in underserved areas of state
    - needs of particular geographic areas of state
    - use of Montana facilities by out-of-state residents
    - use of out-of-state facilities by Montana residents
    - needs of populations w/ special health care needs

- •• desirability of providing high-quality services in an economical and efficient manner, including appropriate use of midlevel practitioners
- •• cost impact of these resource requirements on health care expenditures

- health promotion and disease prevention
  - •• format established by MHCA
  - •• study prepared by DHES
- incentives to improve access to and use of preventive care, primary care services (including mental health services), and community-based care
- incentives for healthy lifestyles
- incentives to improve access to health care in underserved areas
- integration of plan w/ federal health care programs
- stable financing methods
- procedure for evaluating quality of health care services
- public education

• Unified Health Care Data Base:

- Develop and maintain data base which will:
  - •• determine distribution and capacity of health care resources, including facilities, providers, and services
  - •• identify health care needs and direct statewide and regional health care policy to insure high-quality and cost-effective health care
  - •• conduct evaluations of health care procedures and protocols
  - •• compare costs of commonly performed procedures between providers and facilities w/in a region and make data available to public
  - •• compare costs of various procedures in one location of providers and facilities w/ cost of same procedures in other locations
  - •• require reports, data, schedules, statistics, and other necessary information
- The data base must use:
  - •• unique patient and provider identifiers and a uniform coding system

identifying services

- reflect all health care utilization, costs, and resources in the state, and utilization and costs of services provided to Montana residents in another state

- Data must be kept confidential

- Long-term Care Study:
  - Needs assessment
  - Recommended services
  - Cost analysis of recommended services
  - 20-year cost projection of no change in current system
  - Analysis of alternative financing mechanisms

These planning activities as well as preparation of the comprehensive health plan will be carried out by Authority staff with assistance from consultants, input from the regional boards, and comment through public hearings.

Completion Dates:

• Health Care Resource Management Plan	October 1, 1994
• Unified Health Care Data Base	October 1, 1994
• Comprehensive Health Plan	June 30, 1995
• Long-term Care Study	September 1, 1996

Work Steps:		Schedule
• Health Care Resource Management Plan		
1.	Develop scope of work and RFP	10-29-93
2.	Select consultant(s)	12-1-93
3.	Develop format for regional health resource plans	1-1-94
4.	Complete first drafts of regional health resource plans	5-1-94
5.	Hold public hearings on regional health resource plans	5-15-94 -- 7-1-94
6.	Complete first draft of statewide plan	5-1-94

7.	Review and comment on first draft of statewide plan by Authority and regional boards	6-1-94
8.	Regional boards submit final draft of regional plans	7-1-94
9.	Complete second draft of statewide plan	7-1-94
10.	Hold public hearings on statewide plan	7-15-94 -- 9-1-94
11.	Complete and submit final draft of statewide plan to legislature	10-1-94
12.	Public education activities	10-93 -- ongoing
13.	Consideration of plan by legislature	1-95 -- 4-95
14.	First annual update of regional health resource plans	6-30-95
15.	First annual update of statewide plan	6-30-95

- Unified Health Care Data Base

1.	Develop scope of work and RFP	10-29-93
2.	Select consultant(s)	12-1-93
3.	Prepare and adopt administrative rules	3-1-94
4.	Complete first draft of data base	7-1-94
5.	Review and comment on first draft of data base by Authority and regional boards	9-1-94
6.	Complete second draft of data base	10-1-94
7.	Hold public hearings on data base	10-15-94 -- 12-1-94

- Comprehensive Health Plan (CHP)

1.	Work with DHES staff to prepare scope of work for completing CHP	3-1-94
2.	Complete update of CHP	12-30-94
3.	Review and comment on updated CHP by Authority and regional boards	2-1-95
4.	Hold public hearings on updated CHP	5-15-95
5.	Finalize updated CHP	6-30-95

6.	Develop work plan for administering and supervising the CHP	6-30-95

- Long-term Care Study

1.	Develop scope of work and RFP	7-1-95
2.	Select consultant(s)	9-1-95
3.	Complete first draft of study	5-1-96
4.	Review and comment on first draft of study by Authority and regional boards	7-1-96
5.	Complete second draft of study	9-1-96
6.	Hold public hearings on study	9-1-96 -- 11-1-96
7.	Complete and submit final draft of study to legislature	1-1-97
8.	Public education activities	10-93 -- ongoing
9.	Consideration of study by legislature	1-97 -- 4-97

Staff Accountability: Planning and Research Director; Regional Board Staff

Board Liaison: Jack Molloy

Task Area #4: Cost Containment

Purpose. Develop and study a number of cost containment mechanisms, including annual cost containment targets, global budgeting, health insurer cost management plans, billing simplification, a defensive medicine study, a feasibility study of a state insurance purchasing pool, a prescription drug cost and distribution study, provision for a certificate of public advantage process, and a study of the certificate of need process. These steps are intended to bring health care cost increases in Montana into line with the overall annual rate of inflation.

Approach. Using staff and consultant assistance, develop and analyze cost containment strategies involving the following components:

- Health Insurer Cost Management Plans:
  - integrated systems for health care delivery
  - data to be used in unified health care budget
- Cost Containment:
  - global budgeting for all health care spending
  - system for limiting demand and unnecessary and inappropriate care, including provision for prioritization of services
  - system for reimbursing providers for services and items
  - method of monitoring compliance with annual targets
  - expenditure targets for health care providers and facilities
  - disincentives for exceeding established targets
  - reimbursement of providers and facilities based upon negotiated annual budgets of fee for services
- Health Care Billing Simplification:
  - consider conversion from paper health care claims to standardized electronic billing
  - create claims clearinghouse
  - provide method to educate and assist providers and payers using simplified system
  - schedule for phase-in of system
- Defensive medicine study:
  - system for reducing use of defensive medicine through the use of practice protocols

- tort reform study
- propose changes/legislation
- consider changes in Montana Medical Legal Panel Act

These mechanisms will be designed by Authority staff with assistance from consultants, input from the regional boards, and comment through public hearings.

Completion Dates:

• Health Insurer Cost Management Plans	January 1, 1994
• Cost Containment Plan	October 1, 1994
• Health Care Billing Simplification	October 1, 1994
• Defensive Medicine Study	October 1, 1994
• Certificate of Public Advantage/Anti-trust Law Study	October 1, 1994
• Certificate of Need Process Study	December 1, 1994
• State Purchasing Pool	December 15, 1994
• Prescription Drug Cost and Distribution Study	December 1, 1996

Work Steps:

	Schedule
• Health Insurer Cost Management Plans	
1. Develop scope of work for establishing standards and procedures	10-4-93
2. Select consultant to develop standards and procedures	10-5-93
3. Complete and submit standards and procedures to Authority for review and comment	10-28-93
4. Submit standards and procedures to consumer and industry representatives for review and comment	10-28-93
5. Finalize standards and procedures	11-19-93
6. Mail to insurance companies	11-22-93
7. Receive plans	1-1-94 -- 2-1-94
8. Review and analyze plans	3-15-94

9. Utilize results in health care planning and budgeting activities 3-15-94 -- 5-1-94

- Cost Containment/Billing Simplification/Defensive Medicine/ Antitrust Study

(These tasks will be completed as a part of the universal access planning process and will each be completed according to the following schedule:)

1. Prepare scopes of work and RFPs 10-29-93
2. Select consultant(s) 12-1-93
3. Complete first draft of plans 5-1-94
4. Review and comment on first draft plans by Authority and regional boards 6-1-94
5. Complete second draft of plans 7-1-94
6. Hold public hearings on second draft plans 7-15-94 -- 9-1-94
7. Complete and submit final draft of plans to legislature 10-1-94
8. Public education activities 10-93 -- ongoing
9. Consideration of plans by legislature 1-95 -- 4-95

- Certificate of Need Study

1. Prepare scope of work and RFP 12-1-93
2. Select consultant(s) 1-15-94
3. Complete first draft of plans 8-1-94
4. Review and comment on first draft plans by Authority and regional boards 9-1-94
5. Complete second draft of plans 10-1-94
6. Hold public hearings on second draft plans 10-1-94 -- 11-15-94
7. Complete and submit final draft of plans to legislature 12-1-94
8. Public education activities 10-93 -- ongoing
9. Consideration of plans by legislature 1-95 -- 4-95

- State Purchasing Pool Study

1.	Prepare scope of work and RFP	12-1-93
2.	Select consultant(s)	1-15-94
3.	Complete first draft of plans	8-1-94
4.	Review and comment on first draft plans by Authority and regional boards	9-1-94
5.	Complete second draft of plans	10-1-94
6.	Hold public hearings on second draft plans	10-1-94 -- 11-15-94
7.	Complete and submit final draft of plans to legislature	12-15-94
8.	Public education activities	10-93 -- ongoing
9.	Consideration of plans by legislature	1-95 -- 4-95

- Prescription Drug Study

1.	Prepare scope of work and RFP	12-1-95
2.	Select consultant(s)	1-15-96
3.	Complete first draft of study	8-1-96
4.	Review and comment on first draft of study by Authority and regional boards	9-1-96
5.	Complete second draft of study	10-1-96
6.	Hold public hearings on second draft of study	10-1-96 -- 11-15-96
7.	Complete and submit final draft of study to legislature	12-15-96
8.	Public education activities	10-93 -- ongoing
9.	Consideration of study by legislature	1-95 -- 4-95

Staff Accountability: Planning and Research Director

Board Liaison: Sonny Lockrem

Task Area #5: Public Education and Participation

Purpose. Develop approaches to encourage public participation in health care delivery, financing, and supply decisions, and also to place increased emphasis on the education of health care consumers regarding the various aspects of the health care system; develop and manage effective approaches to both public participation and public education regarding health care reform and system management.

Approach. The Authority will use a variety of mechanisms to encourage public participation and public education, including regional board meetings, public hearings, town meetings, newsletters and special publications, and attendance by Authority board and staff members at various provider and consumer group meetings. Close attention will also be paid to developing and maintaining effective media relations. These activities will be carried out by MHCA staff with support from consultants and regional board staff.

Completion date: Ongoing

Work Steps:		Schedule
1.	Develop scope of work for town meetings and public hearings	12-1-93
2.	Select consultants, as needed	1-1-94 -- ongoing
3.	Establish schedule of town meetings and hearings	1-1-94
4.	Publish monthly newsletter	12-1-93 -- ongoing
5.	Develop "speakers' bureau" including Authority and staff members, solicit speaking engagements	12-1-93 -- ongoing
6.	Develop information package describing Authority's duties and responsibilities	1-1-94
7.	Develop media briefing package	1-1-94
8.	Publish and distribute reports as required	ongoing
9.	Publish and distribute summaries of work progress	ongoing
10.	Prepare legislative materials summarizing reports and plans	11-1-94

Staff Accountability: Public Affairs Director

Board Liaison: Dorothy Bradley

Task Area #6: Regional Health Planning Boards

Purpose. Establish five regional health care planning boards; assist the boards in preparing and annually updating regional health resource plans; regularly solicit their advice for the MHCA board on a variety of health care issues, including service quality, provider-consumer agreements, public education, cost control, various technical matters, etc.

Approach. The Authority will establish the regional boards within the time frame mandated by the statute and will work with the boards to assure that they are in a position to effectively discharge their functions. It will develop an effective working partnership with the regional boards and will rely heavily on them to facilitate public information and education, to provide a regional and local perspective on the statewide resource plan, and to provide a communication conduit with consumers and providers at the local level.

Completion Date: June 30, 1995

Work Steps:	Schedule
1. Establish Regional Health Planning Boards	
• Enact rules governing selection process	10-15-93
• Develop nomination package and model operating procedures	10-28-93
• Solicit nominations of candidates for each board from county commissioners	12-1-93
• Review and evaluate nominees	12-17-93
• Select board members	12-17-93
• Schedule initial meeting of regional boards	1-21-94
• Establish regular regional board meeting schedules	1-21-94
• Develop 18-month work plan for each board	2-25-94
• Determine budget and staff support required for each board	2-25-94
• Make grant to each board to support operations	3-18-94
2. Prepare Regional Health Resource Plans	
• Develop format for regional health resource plans	1-1-94
• Complete first drafts of regional health resource plans	5-1-94

- Hold public hearings on regional health resource plans — 5-15-94 -- 7-1-94

3. Provide Advice on Universal Access Plan and Statewide Health Care Resource Management Plan

   - Review and comment on first draft of statewide plan — 6-1-94
   - Participate in public hearings on statewide plan — 7-15-94 -- 9-1-94

Staff Accountability. Public Affairs Director, Regional Support Staff

Board Liaison: All

Task Area #7: Intergovernmental Relations

Purpose. Work with federal and state agencies to explore the feasibility of integrating resources under the statewide plan with those of federally-funded programs; monitor the progress in Congress of legislation dealing with national health care reform; work with the Montana legislature to prepare them for the submission of the Authority's plans during the 1995 session.

Approach. Develop and maintain close working contacts with key state agency personnel, federal agency personnel, Congressional staff, individual legislators, and legislative committees regarding the progress of the Authority's work. Monitor the progress of the national debate on health care reform.

Completion Date: June 30, 1995

Work Steps:		Schedule
1.	Meet with applicable state and federal agency personnel to establish mutual interests and concerns; continue to meet at least quarterly	12-1-93 -- ongoing
2.	Meet with legislative leadership, appropriations subcommittee members, and other selected legislators on regular basis to brief them on Authority progress	11-15-93 --ongoing
3.	Meet with Congressional staff to acquaint them with Montana's process and interests; continue to meet with them at least quarterly	11-1-93 -- ongoing
4.	Monitor national health care debate; comment to Congressional staff on selected issues as needed and appropriate	11-1-93 -- ongoing
5.	Monitor and participate, as appropriate, in the Health Benefit Plan Committee deliberations	9-93 -- ongoing

Staff Accountability: Public Affairs Director, Executive Director

Board Liaison: Dorothy Bradley

Task Area #8: Management and Administration

Purpose. If the Authority is to be successful in accomplishing the various tasks assigned to it under SB 285, it needs to be well-managed at all levels. This task area focuses on those steps necessary to create an effective and efficient operation.

Approach. The key to effective management of the Authority will be the development of a solid working partnership among Authority members, Authority staff, regional staff support, and Authority consultants. Staff resources will be kept to a minimum; consultants, under the supervision of Authority staff, will be relied upon to carry out much of the initial planning and program development work.

Completion Date: June 30, 1995

Work Steps:		Schedule
1.	Establish Health Care Authority	11-1-93
	• Elect chair and vice-chair	
	• Establish regular meeting schedule	
	• Establish meeting format	
	• Develop detailed 2-year work plan	
2.	Recruit staff	
	• Recruit executive director	9-27-93
	• Recruit additional staff	
	- Administrative Officer	12-1-93
	- Planning and Research Director	12-15-93
	- Public Affairs Director	12-15-93
	- Communications Director	12-15-93
3.	Locate and move into permanent office space	11-15-93
4.	Hire planning consultants	1-15-94
5.	Hire legal counsel (contract basis)	12-1-93
6.	Prepare and adopt administrative rules as required by the statute	10-15-93 -- ongoing

Staff Accountability: Executive Director, Administrative Officer

Board Liaison: Dorothy Bradley

7. SCHEDULE HIGHLIGHTS

The following is a summary schedule of the Authority's activities during the 1993-95 biennium:

• Establish Health Care Authority	August 1, 1993
• Recruit executive director	September 27, 1993
• Recruit additional staff	December 30, 1993
• Select planning consultants	December 30, 1993
• Select regional health planning boards	December 17, 1993
• Receive health insurer cost management plans	January 1, 1994
• Complete background research	January 21, 1994
• Develop Montana problem statement	February 1, 1994
• Hold town meetings and focus group discussions on problem statement	February 15-April 1, 1994
• Regional boards complete regional health resource plans	April 1, 1994
• Conduct public hearings on regional plans	May 1-July 1, 1994
• Complete draft of statewide universal access plan (including access designs, health care resource management plan, and cost containment mechanisms)	May 1, 1994
• Initial actuarial estimate of plan	June 1, 1994
• Complete unified data base project	July 1, 1994
• Conduct town meetings, focus group discussions, and public hearings on statewide plan	July 15-September 15, 1994
• Final actuarial estimate of plan	November 1, 1994
• Submit statewide plan to legislature	October 1, 1994
• Complete certificate of need study	December 1, 1994
• Complete draft of long-term care study	May 1, 1996
• Complete draft of prescription drug study	August 1, 1996
• Conduct public hearings on long-term care study	September 1-November 1, 1996

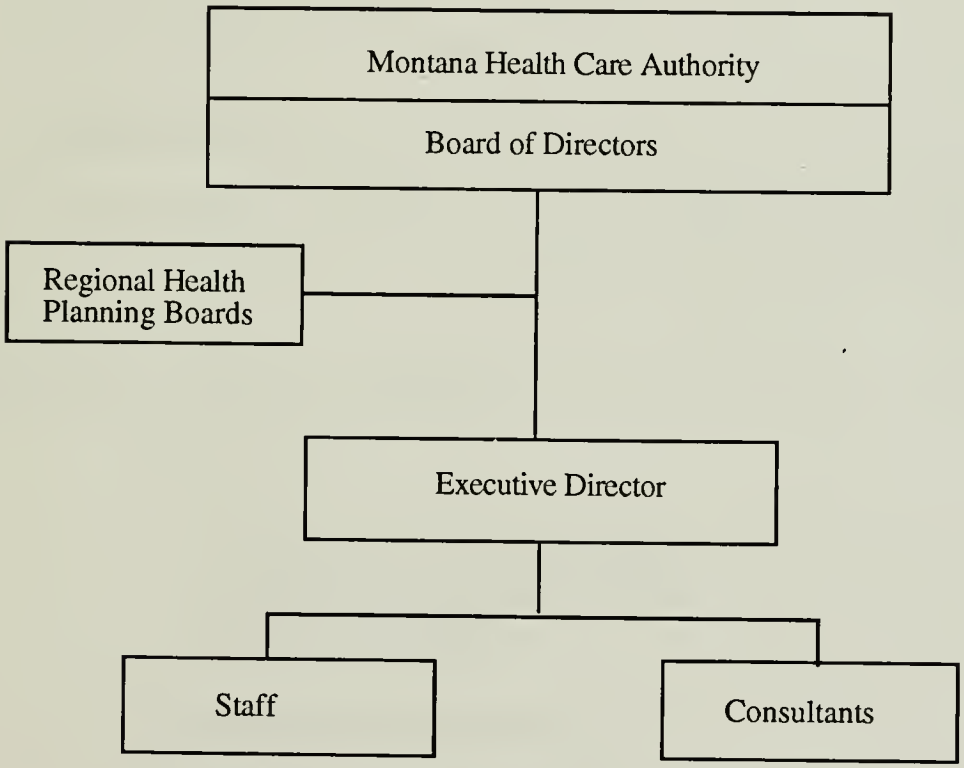
- Conduct public hearings on prescription drug study — October 1-November 15, 1996
- Submit prescription drug study to legislature — December 15, 1996
- Submit long-term care study to legislature — January 1, 1997

8. MANAGEMENT AND ORGANIZATION

Organization

The Montana Health Care Authority consists of a statewide board of directors, five regional health planning boards, an executive director, and support staff. The general structure of the Authority is depicted in the following organizational chart:

MONTANA HEALTH CARE AUTHORITY
TABLE OF ORGANIZATION



MHCA Board of Directors

The Authority consists of five voting members, appointed by the Governor from a list of nominees submitted by House and Senate leadership, and four ex officio members. The members include:

Voting Members

Dorothy Bradley, Chair
Bozeman

Lloyd "Sonny" Lockrem, Jr., Vice Chair
Billings

Maggie Newman
Ronan

Don Rush
Sidney

John Molloy, M.D.
Great Falls

Ex Officio Members

Mark O'Keefe
Montana State Auditor and Commissioner of Insurance

Joe Mazurek
Montana Attorney General

Dr. Peter Blouke, Director
Department of Social and Rehabilitation Services

Bob Robinson, Director
Department of Health and Environmental Sciences

The Authority board has the responsibility for managing the affairs of the organization, including selection of the executive director and other staff, and appointment of the regional board members.

Staff

The Authority expects to employ the following staff personnel, listed below with a general descriptions of their duties and responsibilities:

- Executive Director
  - General management of the Authority
  - Development of Authority work plans
  - Principal liaison with Authority members, regional board chairs, other state agencies, and legislators
  - Supervision of staff
- Planning and Research Director (grade 17)
  - Supervision of planning and cost containment functions
  - Principal liaison with planning consultants
  - Development and management of unified data base
  - Performs health care policy and financial analysis

- ~~Public Affairs~~ Director (grade 17)

  - Principal staff support to Authority board and regional boards
  - Develops and manages public education and public participation activities
  - Principal liaison with public participation consultants
  - Manages intergovernmental relations

- Communications Director (grade 16)
  - Media relations
  - Authority correspondence
  - Monitors national health care reform process
  - Responsible for all MHCA publications
  - Technical writing and editing

- Administrative Officer (grade 13)

  - Provides administrative support to staff
  - Receptionist
  - Payroll, purchasing, and bookkeeping
  - Travel arrangements for board and staff
  - Board meeting arrangements
  - Bookkeeping and accounting
  - Monitors MHCA budget
  - Property manager

Consultants

During the current biennium, the Authority will use consultants to assist staff in the performance of its planning and analysis functions. Consultant assistance will be used in the following areas:

- Universal access planning
- Cost containment analysis and planning
- Certificate of Need study
- Unified data base development and management
- Statewide purchasing pool study
- Prescription drug study
- Long-term care study
- Public education and participation
- Regional board staff support
- Legal services